



MIAMI-DADE COUNTY, FLORIDA  
DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES  
PRODUCT CONTROL SECTION

LABORATORY TEST NOTIFICATION REPORT

REV.1110

<b>Lab Name:</b>	
<b>Lab Address:</b>	
<b>Notification #:</b>	<b>Notification Date:</b>
<b>Test Start Date:</b>	<b>Test Start Time:</b>
<b>Test Completion Date:</b>	
<b>Laboratory's Witness Engineer:</b>	
<b>Manufacturer's Name :</b>	
<b>Mfg. Address:</b>	
<b>Manufacturer's Contact:</b>	
<b>Manufacturer's Phone:</b>	<b>Fax:</b>
<b>Manufacturer's Design Engineer:</b>	
<b>Test Being Conducted:</b>	
<b>Product or Systems Description:</b>	
<b>Test File # or Referenced Date (if available):</b>	
<b>Comments:</b>	

Signature:

Name of Authorized Lab Representative

Test Notification Form

Internet mail address: [bldgdept@miamidade.gov](mailto:bldgdept@miamidade.gov)



Homepage: [www.miamidade.gov/economy](http://www.miamidade.gov/economy)